

**NC DHHS DMH/DD/SAS
PERSONAL CARE SERVICES**

Reviewer:

	Description	Conditional Endorsement					Full Endorsement				
	<i>Personal Care Services</i>	Evidence of Compliance	MET	NOT MET	N/A		Evidence of Compliance	MET	NOT MET	N/A	Comments
1	Provider Requirements										
a	**1) Must be delivered by practitioners employed by an organization that meets the standards established by the Division of MHDDSAS or LME approved/endorsed by DHHS. These standards set for the administrative, financial, clinical, quality improvement, and information services infrastructure necessary to provider services.	Provider application with all required supporting documentation as required in;					Provider application with all required supporting documentation as required in;				
b	2) Provider organization must demonstrate they meet these standards by being endorsed by the LME.	provider application; program description Policy and					Provider application; program description Policy and				
c	**The Organization must be established as a legally recognized entity in NC.	Procedure Manual					Procedure Manual				
2	Staffing Requirements										
	Worker must meet the following requirements:										
a	Must meet requirements for paraprofessional in 10A NCAC27G.0100-0200.	Program description; Personnel Manual; job descriptions					Personnel files; supervision plans or other documentation that staff minimum requirements and supervision requirements are met				
b	Client specific competencies to be met as identified by the individuals person-centered team	Program description; Personnel					Personnel files; supervision plans or other				

	and documented in the plan of care.	Manual; job descriptions				documentation that staff minimum requirements and supervision requirements are met; documentation that client specific training has been provided as identified in the Plan of Care. Copy of Plan of Care.				
c	A criminal record check.	Program description; Personnel Manual; job descriptions				Personnel files; supervision plans or other documentation that staff minimum requirements and supervision requirements are met; copy of criminal record check.				
d	A healthcare registry check in accordance with 10A NCAC 27G.0200.	Program description; Personnel Manual; job descriptions				Personnel files; supervision plans or other documentation that staff minimum requirements and supervision requirements are met; copy of healthcare registry check.				
e	Driving record must be checked if providing transportation.	Program description; Personnel Manual; job descriptions				Personnel files; supervision plans or other documentation that staff minimum requirements and supervision requirements are met; copy of driving record check.				

3	Service Type/Setting										
a	Home/community; may be provided in a licensed day facility if the Plan of Care clearly reflects significant physical limitations that require a primary focus on person care needs in the licensed day setting.	Program description; policies and procedures					Program description; policies and procedures, service notes documenting implementation of appropriate programming. Copy of approved Plan of Care reflecting the need for Personal Care in a licensed day setting.				
b	Personal Care Services include support, supervision and engaging participation with eating, bathing, dressing, personal hygiene and other activities of daily living.	Program description; policies and procedures					Program description; policies and procedures; service notes documenting implementation of appropriate programming.				
4	Program Clinical/Requirements										
a	Supports and engaging consumer participation is non-habilitative and describes the flexibility of activities that may encourage the person to maintain skills gained during active treatment and/or habilitation while also providing supervision for independent activities of the consumer.	Program description; policies and procedures					Program description; policies and procedures, service notes documenting implementation of appropriate programming.				

b	When specified in the Plan of Care this service may include assistance with preparation of meals, but does not include the cost of meals themselves, housekeeping chores such as bed making, dusting and vacuuming, which are incidental to the care furnished, or which are essential to the health and welfare of the individual, rather than the individual's family.	Program description; policies and procedures					Program description; policies and procedures, and service notes documenting implementation of appropriate programming.				
c	Personal Care also includes assistance with monitoring health status and physical condition, assistance with transferring, ambulation and use of special mobility devices.	Program description; policies and procedures					Program description; policies and procedures, and service notes documenting implementation of appropriate programming.				
5	Service Limitations:										
a	Personal Care Services do not include medical transportation and may not be provided during medical transportation and medical appointments.	Program description; policies and procedures					Program description; policies and procedures, and service notes documenting implementation of appropriate programming.				
b	Individuals who live in licensed residential facilities, alternative family living (AFL) homes, licensed foster care homes or unlicensed alternative family living homes serving one adult may not receive this service. See Glossary for AFL definition. (See Glossary for definition of AFL)	Program description; policies and procedures					Program description; policies and procedures, and service notes documenting implementation of appropriate programming.				
c	Limitations: These services may not be provided on the same day	Program description;					Program description; policies				

	that the person receives regular Medicaid Personal Care Services, a Home Health Aide visit, or another substantially equivalent service.	policies and procedures					and procedures, and service notes documenting implementation of appropriate programming.				
d	This service may not be provided at the same time of day that a person receives: <ul style="list-style-type: none"> • Adult Day Health • Day Supports • Home and Community Supports • Home and Community Supports • Individual and Caregiver Training • Specialized Consultative Therapy • Respite Care • Supported Employment • Transportation 	Program description; policies and procedures					Program description; policies and procedures, and service notes documenting implementation of appropriate programming.				
6	Documentation Requirements										
a	Date of service, duration of service, task performed, and signature is required daily to reflect the service. Grid or daily note may be used.	Service Record; Policy and Procedure Manual					Evidence of documentation according to Service Records Manual.				

Date Reviewed: